

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. *1810* Office of Registrar of Vital Statistics.

Ward *54*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *July 28th 1887*  
Full Name of Deceased, *Karl Schwartz* { Write legibly and spell correctly. If an Infant not named, give names of parents. }  
Sex, Male or Female, *Male* { Cross out the word not required in this line. }  
Age, *28* Years, *11* Months, *21* Days.  
Color, *White*  
Married, Single, Widow or Widower, *Married* { Cross out the words not required in this line. }  
Occupation, *Baker*  
Birth Place, *Dirstingen Baden.* { State or country, and how long in the United States, if of foreign birth. }  
Duration of Residence in the City of Baltimore, *5 years*  
Place of Death, *934 N. Central Ave.* { Give Street and Number. }  
Cause of Death, *Typhoid Fever* { First (Primary), Second (Immediate), }  
Duration of Last Sickness, *Over (1) week*  
All the above information should be furnished by the Physician.  
Place of Burial, *Baltimore Cemetery*  
Date of Burial, *July 30. 1887.*  
{ Undertaker, *H. Hoffman* Medical Attendant, *S. W. Schorer* M. D.  
Place of Business, *211 W. E. Ave.* Address, *Caroline St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 1811 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 29<sup>th</sup> 1887

Full Name of Deceased, Wm Braine  
(Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 34 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Plasterer

Birth Place, District Columbia  
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, St. Joe Hospital  
(Give Street and Number.)

Cause of Death, Aneurism Aorta  
(First (Primary), Second (Immediate),) Syncope

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Most Holy Redeemer

Date of Burial, July 30 1887

Undertaker, Henry Williams Oscar Jackson M. D.  
Medical Attendant.

Place of Business, No 8 Central Ave Address, 624 N Church

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of

# Health Department, City of Baltimore.

Permit No. *A 7872*

Office of Registrar of Vital Statistics.

Ward *15*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *July 28 - 1887*

Full Name of Deceased, *Amie Travers*  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *10* Months, *15* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Dorchester County, Md.*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *2 months*

Place of Death, { Give Street and Number. } *9 1/2 Beach Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *July 29 1887*

Undertaker, *Frederick Ross*

Place of Business, *404 Conway* Address, *L. Dispensary*

*J. M. White* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 1813 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 28/87.

Full Name of Deceased, George Wright {write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 7 Years, 7 Months, 1 Day

Color, Black

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, None

Birth Place, Baltimore {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 238 W. York St. {Give Street and Number.}

Cause of Death, Convulsions {First (Primary), Second (Immediate),}

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Shank at. Cem

Date of Burial, July 30<sup>th</sup> 87

Undertaker, Sorrell & Handy

Place of Business, 416 Cross St

J. R. White M. D. Medical Attendant.

Address, S. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



# Health Department, City of Baltimore.

Permit No. 1814 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39 Years,

Months,

Days,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1815

Office of Registrar of Statistics.

Ward 204

The Physician who attended any person in a last illness, or responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 28<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bay. Nell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 Years, - Months, - Days.

Color, Caucasian

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } West River Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. } 1814 Shields alley

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Laural cemetery

Date of Burial, July 29<sup>th</sup> 1887

Undertaker, H. Greiner Ross

Place of Business, 404 Conway St

M. D. H. H. H. M. D.

2111 N. Calvert St Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1816 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29/87.

Full Name of Deceased, Martin Whelan

Sex, Male or Female, Male

Age, 9 Years, 9 Months, 19 Days.

Color, Black

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 911 S. Howard St.

Cause of Death, Diphtheria

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 30 1887

Undertaker, Hercules Ross

Place of Business, 404 Conway St

J. Dr. White M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List Diseases on back of this Certificate.

# Health Department, Baltimore.

Permit No.

1817

Office of Registrar of Vital Statistics.

Ward

16<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.)

## CERTIFICATE OF DEATH.

Date of Death,

July 28-87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leanna War

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

25

Years,

Months,

Days.

Color,

Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Washerwoman

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

524 Weymouth

Cause of Death,

{ First (Primary),

Second (Immediate),

Purpura of Circulation

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp & Cemetery

Date of Burial,

July 31 1887

{ Undertaker,

Heracles Ross

{ Place of Business,

404 Leamington

Address,

J. Tyler Smith M. D.  
Medical Attendant.

608 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1818 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 28/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, C

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bult. Co ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bult. Co

Duration of Residence in the City of Baltimore, 7 mo

Place of Death, { Give Street and Number. } 209 Bond St

Cause of Death, { First (Primary), Second (Immediate), } Dysentery

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe & Cemetery

Date of Burial, July 30 1887

{ Undertaker, William Dunge } C. W. Neff M. D. Medical Attendant.

{ Place of Business, 150 East St } Address, 763 W. Bay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1819 Office of Registrar of Vital Statistics. Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 29<sup>th</sup> 1887

Full Name of Deceased, Sarah McLaughlin  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, 8 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 34 Chestnut St

Cause of Death, { First (Primary), Second (Immediate), } Dysentery  
Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 31<sup>st</sup> 1887

{ Undertaker, Jas Byrne Geo B Reynolds M. D.

Medical Attendant.

{ Place of Business, 302 N Gay Address, 711 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]